14

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

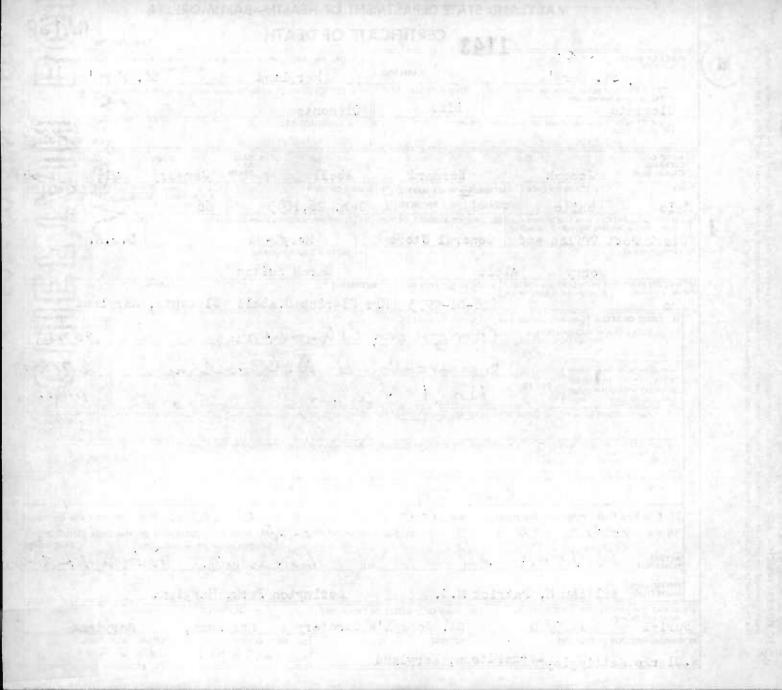
01132

143	CERTIFICATE OF D	PEATH
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		73 CERTIFICA	VIE OF DEATH		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY	t. Mary's	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Marylar	b. COL		
B. CITY OR TOWN ( RURAL ond give in Clements		c. LENGTH OF STAY IN 16	Clements	utside corporate limits, w	rite RURAL ond give	nearest town)
	ITAL (If nat in haspital, give street		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF DEATH TO NO	Month	Day Year
S. SEX	Joseph  6. COLOR OR RACE 7. MAR	Bernard	Abell B. DATE OF BIRTH	Valla		. 19 6( EAR IF UNDER 24 HR
Male	White WIDOW	ED DIVORCED	Jan. 26,1893		day) Months Doy	
during most at wor	ON (Give kind of work done 10b. rking life, even if retired)					OF WHAT COUNTRY
Clerk Post 13. FATHER'S NAME	t Office and   C	General Store	Maryla 14. MOTHER'S MAIDEN N		U.S.	A.
	Perry Abel	1	Sarah Fu	lton		
(Yes, no, or unknown)	(If yes, give wor or dates of service)		IFORMANT		Address	
no	12	16-01-9973 Mr	s Florine D.A	bell Clemen	nts, Mary	land
FI V. 4	ATH [Enter anly one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine far (a), (b), and (c).]	Throm	toris	C	STO DVUL
Conditions, if a		Tenerally	ed Art	e-weslere	Ġ	lo cyar
cause (a), stoting lying couse last.	the under-	Heat Le	arlune			1 kgear
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	N GIVEN IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING TO 20b. DES	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	art 1 or Part II of item 18	3.)	
20c. TIME OF INJUI Havr o. m. p. m.	RY Month, Doy, Year 20d. I While of wor	Not while foct	CE OF INJURY (Home, form, tory, street, affice bldg., etc.	20f. (City or town)	(Cour	nty) (Stote
21. I certify the alive an	hat I attended the decease -21-60, 19		0, 19 ta / accurred at / 2,134		s and on the de	saw the decease ate stated above DATE SIGNE
	illiam H. Patri			Patk, Maryl		
REMOVAL (Specify) Burial		St. Joseph's		22d. LOCATION (City, to	own, or county) Marv	(Stote) *
3. FUNERAL DIRECTOR		ADDRESS			REGISTRAR'S SIGNA	
	ttingle Leonard			AN 26'60	Circhus S. 9	1 1

VS A15 (4) 1SM 9/SB

W. Clarke Mattingley Leonardtown, Maryland



# FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1144 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01133

			F	All.	1	U
Req.	Dist.	No.				

1. PLACE OF DEATH	C+ Manua	MARYLA	AW	NCE (Where deceased li			
b. CITY OR TOWN	St. Marys			NN (If outside corporat			rys
Lexington	wn]	12 yrs		xington P		- one give ne	
d. NAME OF HOSP		in hospital, give street address)	d. STREET ADDR				e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	First	Middle	Caldwell	4. DATE OF DEATH	Month January	Doy 21	Yeor 19 60
s. sex male		MARRIED NEVER MARRIED [ DOWED DIVORCED 1	B. DATE OF BIRTH	lo lo	GE (In years at birthday) 64 7rs.		Hours Min.
100. USUAL OCCUPAT during most of work Labor 13. FATHER'S NAME	ing life, even if refired)	10b. KIND OF BUSINESS OR IN		(Stote or foreign country rth Carol		CITIZEN OF	WHAT COUNTRY
	Unknown		Unkno				
15. WAS DECEASED E (Yes, no. or unknown)			7. INFORMANT Nellie B.		2010 B - Winst		
Conditions, if gave rise to imm (a), stating the cause lost.	underlying DUE 10 (c)	Generaly	dart	in fa	lorese	6	years .
Sign		ONS CONTRIBUTING TO DEATH E	OUT NOT RELATED TO THE	TERMINAL DISEASE CO	ndition given in		PERFORMED?
	AUSE WAS ONTRIBUTING []	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I ar Part II of ite	əm 18.)		
20c. TIME OF INJ Hour o. m p. m		20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home foctory, street, office bldg	p, form, 20f. (City or h	uwn)	(County)	(State)
opinion death		the remoins described oural causes . Accide		topsy , Inspe			
EXAMINER'S NAME (Type)	P.J. Bean,	MD	ASSISTANT N	CAL EXAMINER   MEDICAL EXAMINER   DICAL EXAMINER			60
220. BURIAL, CREMAT REMOVAL (Specif Burial	1/25/60	22c. NAME OF CEMETERY Evergree	0		(City, town, or coun		(State)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	240.	. REC'D BY REGISTRAR	24b. REGISTRAR'S	S SIGNATURE	
P.B. R	obinson - Le	eonardtown, M	d.	TEJAN 2 7 '60	Chillen	S. Kravis	

TO DEPUTY M. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is essay, please execute the carrificate, writing the word "pending" is pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, \_Eile pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in agreement within 72 hours ofter death. VS. A15ME 5M 2/57

A MEDICAL EXAMINER'S CERTIFICATE OF DEATH The state of the s

		145 CERTIFICA	ATE OF DEAT	H	Reg	g. Dist. N		107
1. PLACE OF DEATH a. COUNTY St	. Mary's	MARYLAND	2. USUAL RESIDENCE (W			esidence be		
b. CITY OR TOWN RURAL and give	(If autside carporate limits, writ	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate li	mits, write RURAL	and give n	earest tow	n)
Patuxent	River	3 yr.	X Californ	nia				
d. NAME OF HOSP OR INSTITUTION Station		NAS	d. STREET ADDRESS				ONA	SIDENCE A FARM? NO K
3. NAME OF	First	Middle	Last	4. DATE	Manth		Day	Year
(Type ar print)	Henry	Moody	CHANDLE	OF DEATH J	anuary	25	5	19 60
S. SEX	6. COLOR OR RACE 7. M	ARRIED A NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years IF UI	NDER 1 YEA		
Male	Caucasianwoo	OWED DIVORCED	September 8	3,1921 3	brithday) Mar	nths Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of wark dane I	06. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	ar fareign country)	1:		OF WHAT	COUNTRY
Aviation	Machinist	U.S.Navy	Georgia	a		USA		
13. FATHER'S NAME		d	14. MOTHER'S MAIDEN					
Harry B.	Chandler			tie Robe				
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 256 03 5641	INFORMANT Wife: Calif	Dorothy ornia, M			er,	
18. CAUSE OF DE	EATH [Enter anly ane cause pe	r line far (a), (b), and (c).]					ITERVAL BI	
PART I. DE	EATH WAS CAUSED BY:	Pulmonary Ede	ema			O	NSET AND	DUTS
420.1	DUE TO							
Conditions, if	any, which ) (b)	Acute Myocard	lial Infarc	tion				
gave rise to cause (a), stating lying cause last	g the under-							
PART II. O'  PART II. O'  20g. ACCIDENT W  OR CONTRIBUTION (IF EITHER, NOTIF		NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN	PART 1(a)	PERFO	AUTOPSY DRMED?
	VAS UNDERLYING 1 20b. ( IG 1 CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of	ilem 18.)			
20c. TIME OF INJU	. WI	d. INJURY OCCURRED 20e. Prile Nat while wark at work	LACE OF INJURY (Hame, fari actory, street, affice bldg., etc	n, 20f. (City or lav	wn)	(County	у)	(State)
actual signature	January , 1	nones of.	h accurred at 3:00	5 Januar OBM, from the ADDRESS (Street, o NAS, Pat	causes and ( city or town, state)	an the d	ate stat	ed abave
22a. BURIAL, CREMATI REMOVAL (Specif	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	DR CREMATORY	22d. LOCATION (	City, tawn, or cau	enty)	(Stat	le)
Burial	" 1/28/60	St. John's		Hollywoo	od,	Mary.	land	
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR	'S SIGNAT		
W.Clarke M	attingley Leons	ardtown. Marylar	nd DATE	EB 1 '60	Contra	-1 22. 10	D-144	

W. Clarke Mattingley Leonardtown, Maryland

may be retain. By the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death. VS A1S (4) 1SM 9/S5

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

TO HOSPITAL

r death. Page 4

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	OF HEILTH-BALTIMORE				
		CERTIFICATE			
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	not ou state	ty density.	abqui.		
and the second					
		endy local and the sequence			
Charles and the Lie Gilleria	160 NCR SARBULT II B NE NL 150 0 BU Ken Ye com New pacining and LIE I USWAB. FURUXON				Callery S. P.
	100	and the manifest of the	. 13		
		Dry Dry	mar.	and the same	

RYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18

1133 CERTIFICATE OF DEATH

MA

01135

		1100	E S III III II				Keg. Dist. No.	•
1. PLACE OF DEATH a. COUNTY			2. USUAL RESID	ENCE (Where		If institutio	n: Residence befo	re admission)
	Mary's	MARYLAND	0.	larylan		. COUNTY	St. Mary	8
b. CITY OR TOWN (I RURAL and give no	f autside carporate limits, arest tawn)	write c. LENGTH OF STAY IN 1b	c. CITY OR T	OWN (If autsi	ide corporate lim		JRAL and give ned	arest tawn)
Leonardtown		10weeks 6day	s X Rural	Great	Mills			
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, give		d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM?
		s Hospital	1					YES NO
3. NAME OF DECEASED (Type or print)	First	Maude	Combs	1	OF DEATH Ja	Mant nuary	h Do	Year 1960
5. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	1				IF UNDER 24 HR
Female	The second second second	IDOWED DIVORCED	July 22	2.1904	55	birthday) yrs.	Manths Days	Haurs Min.
10a. USUAL OCCUPATIO		106. KIND OF BUSINESS OR INDI	And the second second		foreign country)		12. CITIZEN OF	WHAT COUNTRY
		erand brother	1	Marvlan	nd		U.S.A.	
13. FATHER'S NAME	1100 011 010 011	710111	14. MOTHER'S				, , , , , , , , , , , , , , , , , , , ,	
Jame	s Thomas	Combs	Annie	May C	ecil			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO.	INFORMANT			Addr	ess	
(Yes, no, or unknown)	(II yes, give war or dates of service		s James T	Comb	s Great	E Mill	s, Maryl	and
18. CAUSE OF DEA	TH [Enter anly ane cause	per line far (a), (b), and (c).]						ERVAL BETWEEN
	TH WAS CAUSED BY:	Par		1.				SET AND DEATH
12	IMMEDIATE CAUSE (a)	whenth.	Alkon	sung		1	has	monday
1147	DUE TO	In tyt		(/	1 4		7	1
Canditians, if a	m mediate (	mastice	cercin	mon	fram	-	10	menters
cause (a), stating		0 -	1	(1)	1		1	,
lying cause last.	) (c)_	Care one 1	Mices	MA	4			Johns
PART II. OTH	IER SIGNIFICANT CONDIT	IONS <u>CONTRIBUTING TO DEATH</u> BU	IT NOT RELATED TO	THETERMINA	UDISEASE CONI	DITION GIV	EN IN PART 1(a) 1	PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature o	Finjury in Part	l I ar Part II af i	tem 18.)		
	Y Manth, Day, Year		LACE OF INJURY		20f. (City ar taw	n)	(Caunty)	(State
Haur a.m.	19	While Nat while from the work at wark at wark	actary, street, affice	bldg., etc.)				
	dr is that t	M	10/10	. (	1. 14	10/6		
	at attended the d		192	10 K				w the decease
alive an	Jun 10.	19(a(), and that deat	h occurred at_		A			stated above
ACTUAL		00 1	1.00	() AD	DRESS (Street, ci	y ar town,	stote	DATE SIGNE
SIGNATURE		Pom	MENT	ym	1 Harry	2_1/1	<b>/</b>	1/20/6
PHYSICIAN'S NAME (Type)	P. J. Bean M	1.D.	Gr	eat Mi	lls, Md	•		
22a. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22	d. LOCATION (C	ity, tawn, a	r caunty)	(State)
Burial (Specify)	1/21/60	Holy Face			Great M:	ills,	. N	laryland
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		24a. REC'D B	Y REGISTRAR	24b. REGIS	TRAR'S SIGNATU	RE
W. Clarke Ma	ttinglev Led	onardtown, Maryla	nd	DATE JAN	26'60	a	Thuy & the	u A

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	E WEST	Transit and			Toy	
			Control of the Control	Sect Auto	215,000 Feb.	
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		Single Control				
					arbiti as at	
				•		

1146	CERTIFICATE OF DEAT	H
	2. USUAL RESIDENCE (V	√hei

			114	6
LACE OF DE	HTA			
i. COUNIT	St.	Mary's		

AL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland St. Mary's

CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 1
RURAL and give nearest town) Callaway	Life

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

d. NAME OF HOSPITAL (If not in haspital, give street address)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

Callaway d. STREET ADDRESS

ON A FARM? YES P NO T

3. NAME OF DECEASED	Fi		Last	4. DATE OF	Man		Da	,	Year 60
(Type ar print)	Blanche	Victoria	Combs	DEATH	Januar	У	4,	1	9 50
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
Female	White		Sept.2,189	4	last birthday) 5 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPAT during most of wo Hause W	rking life, even if retired	dane 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State Maryl:		auntry)	12.CI	S.	A.	OUNTRY
10 CATHERICALIANE	1220	11020	The mornishis walks						_

INFORMANI

James M. Combs

3. FATHER'S NAME			
	James	R	Redmond

Ellen Evans

Callaway, Maryland

PART I. DEATH WAS O		per line far (a), (b), and (c).] acute dil	itation of Heart	INTERVAL BETWEE
Canditians, if any, which gave rise to immediate cause (a), stating the under-	(D)	Chronic M	yrouditio	

No

CATION

MEDICAL

0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d)

PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Day, Year Haur a. m.

20d. INJURY OCCURRED at wark at wark

none

20e, PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) factory, street, affice bldg., etc.)

(Caunty) (State)

(State)

1967hat I last saw the deceased and that death accurred at 3 1/4M, from the causes and an the date stated above.

21. I certify that I attended the deceased fram,

PHYSICIAN'S Charles Greenwell M. D. NAME (Type)

Leonardtown, Maryland 22d, LOCATION (City, tawn, or county)

ADDRESS (Street, city ar town, state)

22b. DATE THEREOF 22a. BURIAL, CREMATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

Holy Face

22c. NAME OF CEMETERY OR CREMATORY

Great Mills, 24g. REC'D BY REGISTRAR

Md. 24b. REGISTRAR'S SIGNATURE

W. Clarke Mattingley Leonardtown, Md.

certificate page 3 shauld be detached far TO FUNERAL DIRECTOR: may VS A15 (4)

15M 9/58

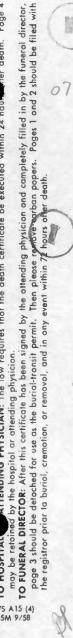
HEARD STATEMENT SALES Adject interned to the same of the same of The state of the s cased to Some on Laws, a company Little Later L. Market Later L. Company of the fall of the state of the de la marke Matthagler Lechardtona, 11. ter death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hau

	101	CERTIFICATE	OF	DEAT
Ł	134	CERTIFICATE	01	DEA!

R	eq.	Dist.	No.	

		34 CERTIFIC	ATE OF DEA	4111		Reg. Dist. No	<b>)</b> .
1. PLACE OF DEATH a. COUNTY	t. Mary's	MARYLAND	~ CTATE		d. If institution b. COUNTY		
b. CILY St. Mary! b. CINY St. Mary! and b. COUNTY St. Mary! and b. COUNTY St. Mary! and b. CIVITOR TOWN (If counide corporate limin, write RURAL and give nearest town of the county of		arest tawn)					
d. NAME OF HOSE OR INSTITUTION			d. STREET ADDRI	ESS		532	e. IS RESIDEN
DECEASED				OF	-		
	2.52 4 4			72 9. Å	GE (In years est birthday) O yrs.		Haurs A
_during mast af wa	gking life, even if retired)				γ)		
	John B. Courtne	у					
15. WAS DECEASED EV (Yes, no, or unknown)				Rid			
gave rise to cause (a), statin- lying cause last	any, which immediate g the under-	inerhus	arter	Easle TERMINAL DISEASE CO	- UTC	EN IN PART 1(a)	5 Gran 5 Gran 19. WAS AUTO PERFORME YES NO
	VAS UNDERLYING   20b. DI IG   CAUSE OF DEATH Y MEDICAL EXAMINER}	ESCRIBE HOW INJURY OCCURR	RED. (Enter nature of inju	ry in Part I ar Part II a	f item 1B.)		
Y 20c. TIME OF INJU Haur a. m p. m	. Whi	le Nat while			awn)	(Caunty)	) (
actual SIGNATURE PHYSICIAN'S	Jon (5, 19	Men M	th accurred at 5	ADDRESS (Street,	causes and city arrawn,	d an the datestate)	
22a. BURIAL, CREMATI	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION		ir county)	(State)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		REC'D BY REGISTRAR		TRAR'S SIGNATU	
W. Clawlea	Mattinglan Lag	andtown Manual	am d DAT	Esant 0.1 160	Class	hur S. Than	A



VS A15 (4) 15M 9/58

TO HOSPITAL

The state of the state of Jaim in Goography A Design of the Control of the Contr P. DOCKETT than the second of the second

e. IS RESIDENCE

ON A FARM?

YES NO TO

Year

1960

St. Mary's

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO TO

(Stote)

DATE SIGNED

(Stote)

D.C.

16

Doys

U.S.A.

(County)

funeral should the 24 pup . =

filled Pages papers. Com death. puo carbon physician move 72 attending please within by permit. signed pup attending physician. burial-transit remayal certificote 20

6

death

After this detoched > FUNERAL DIRECTOR: A: page 3 shauld be detached be contracted. page 0 VS A15 (4) 1SM 9/SB

prior

registrar

b USe

**CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY St. Mary's MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 X c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) davs Leonardtown Compton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION St. Mary's Hospital NAME OF Middle 4. DATE Last Month DECEASED (Type or print) James Welter Walter DEATH Cryer January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months March 24.1885 Male White WIDOWED 1 DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) U.S. Post Office Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Cryer Mary Elizabeth Mattinglav 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI Address Mrs Antoinette 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from I 19/9 Phat I last saw the deceased alive an and that death accurred at \_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Charles Greenwell M. D. Leonardtown, Maryland 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial (Specify) 19/60 Mount Olivet Washington. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR Orthur S. Krays DATE JAN 21 '60 W. Clarke Mattingley Leonardton, Maryland

HTANGE STAPENDED TELL Valid . This a little . . . . A STATE OF THE PARTY OF THE PAR May stored afredentia great - 022 022 02 H2 A CONTRACTOR OF THE PARTY OF TH Applying an object to the state of the state

	N (If outside corporote limits, write e neorest town)  Nardtown  SPITAL (If not in haspital, give streen st	1136 CERTIFIC	AIE OF DEATH		Reg.	Dist. No.	
1. PLACE OF DEAT		MARYLAND	2. USUAL RESIDENCE (WI	h h	COUNTY	Mary s	
b. CITY OR TOY	N (If outside corporate limit	ts, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF				
	SPITAL (If not in haspital, g		d. STREET ADDRESS			C	S RESIDENCE ON A FARM?
3. NAME OF DECEASED	Fire	st Middle	Lost	4. DATE OF	Month	Day	Year
(Type or print) S. SEX		Henry	Cullins B. DATE OF BIRTH		In years IF UN	25,	1960 UNDER 24 HI
Male		WIDOWED DIVORCED	June 3,1980	lost	(In years birthdoy) Month		ours Min.
during most of	working life, even if retired)	done 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote		12.	CITIZEN OF WH	IATCOUNTR
State I	oad		Maryland			U.S.A.	
Will	iam Edward C	ullins	Mary Eli	zabeth Ru	ssell		
1S. WAS DECEASED (Yes, no, or unknown)		ervice)	INFORMANT		Address		
No.	DEATH (E-t only one on		tha Belle Cul	lins Aver	nue, Mary		AL BETWEEN
	DEATH WAS CAUSED BY:		In To Hure			ONSET	AND DEATH
gove rise	f ony, which be immediate on the under. DUE TO		Year told Sease			100	10 Jua
O STILL	OTHER SIGNIFICANT CON	DITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERM	inal disease cone	DITION GIVEN IN	PI	VAS AUTOPS ERFORMED? S NO
20a. ACCIDEN OR CONTRIBU	NG CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Port II of it	em 18.)		
20c. TIME OF IN	m. 10	20d. INJURY OCCURRED While Not while at work of twork	LACE OF INJURY (Home, farm actory, street, office bldg., etc	20f. (City or low	n)	(County)	(Sto
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		deceased from February , 1960, and that deat firths		M, from the co	ouses and an		
		-	On open arony	22d. LOCATION (C	itu taua aa aa	A.A.	(Stote)
220. BURIAL, CREM BREMOVAL (Spe	$\frac{1}{28/60}$	Sacred Hear		Bushwood	3.0	ryland	,

TO HOSPITAL VS A15 (4) 1SM 9/S8

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ALTH-BALTIMORE, 18

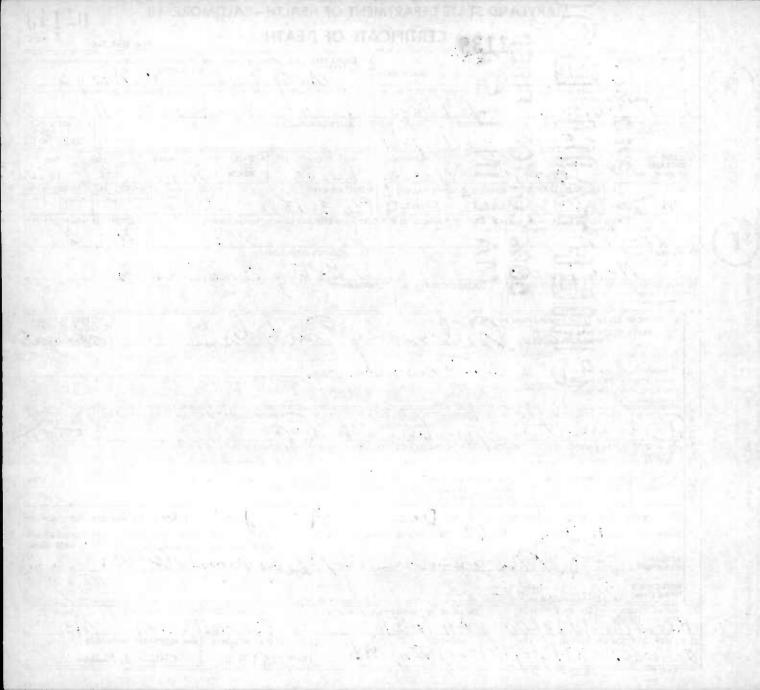
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1139 CERTIFIC	ATE OF DEATH Reg. Dis	it. No.
1. PLACE OF DEATH O. COUNTY S MARYLAND	O STATE ##	ce befare admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give negregations).	c. CITY OR TOWN of autside carporote limits, write RURAL and g	ive nearest town)
De CITY OR TOWN (If outside corporate lightin, write RURAL and give negret Menu. RURAL		
DECEASED	OF T	0 1-
Male White WIDOWED DIVORCED	Feb. 3, 1881 To yrs. Months	
during most of working life, even if retired)	Md 2	EN OF WHAT COUNTRY?
13. FATHER'S NAME  Ned Lucas  15. WAS DECEASED FURBINITY SO APPLED FOR FEET 14. SOCIAL SECURITY NO.	Betty Ann Swann	
(If yes, give wor or dates of service)	Address	
PART I. DEATH WAS CAUSED BY:	on Embalain	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which) (b) Orleans	Lense	
cause (a), stating the <u>under-</u> DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	RED. (Enter nature of inj⊮ry in Part I or Part II of item 18.)	
Hour a. m. While Not while		aunty) (State
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ACTUAL SIGNATURE MOSSIUM		DATE SIGNED
PHYSICIAN'S David Mossman		
	OR CREMATORY 22d. LOCATION (City, town, or county)	/(State)
23. FUNERAL DIRECTOR'S SIGNATURE Willarke Matt; naley Leonard Town,	Md DATE BAN 1 5 200	



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01144

1. PLACE OF DEATH					SUAL RESIDENCE	E (Where deced	sed lived. If inst		ence before	odmission)
	Mary's		MARYL	AND		yland	0. 0001		lary's	1
b. CITY OR TOWN ond give negrest tow	(If outside corporate limits, write	e RURAL	c. LENGTH OF STAY II	N. 1b c	CITY OR TOWN	I (If outside cor	porate limits, wri	ite RURAL one	d give neare	est fown)
Rural	Leonardtow	n n	Life	X	Rural	Leon	ardtown			
d. NAME OF HOSPI	TAL OR INSTITUTION (	If not in hos	pital, give street address	1	STREET ADDRES	S		W.		IS RESIDENCE ON A FARM S NO [
3. NAME OF DECEASED (Type or print)	Clara	st	Middle No ema	Mattin	lost	4. DATE OF DEATH	January		Doy	Yeor 19 <b>60</b>
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED				9. AGE (In years fast birthday)	IF UNDER		UNDER A HI
Female	White	WIDOWE	DIVORCED [	April	29,188	2	77 yr		Days Ho	ours Min.
100. USUAL OCCUPAT	ION (Give kind of work	dane 10b. 1	CIND OF BUSINESS OR II						IZEN OF W	HAT COUNTE
House	ing life, even if retired)		Home		Maryta			U.	A.S.	USA
13. FATHER'S NAME				14. N	NOTHER'S MAIDE	N NAME				
Allie	Hayden				Alice A	Abell				
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFORM	IANT		Addre	PSS		
No	In yet give not or adjet or	in the same of	none	R.Paul	Mattin	elav La	onardton	m. Mar	and and	
Conditions, if gave rise to imm (a), stating the cause last.	ediate cause									
			ONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TE	RMINAL DISEAS	SE CONDITION O	SIVEN IN PAR	T 1(a) 10 V	VAS AUTOPS
25								>**CI4    4   1    A		ERFORMED?
200. EXTERNAL CAPRIMARY OF CO	ONTRIBUTING []	b. DESCRIB	E HOW INJURY OCCUR	RED. (Enter no	iture of injury in	Part I or Part I	of Item 18.)			
20c. TIME OF NOR	1/ 1	Co While		e. PLACE OF factory, str	INJURY (Hame, fi eet, affice bldg.,	orm, 20f. (Cit	y or town)	(Cer	unty)	(Stote
21. I certify	that I took charge	of the	remains described	obove, h	eld an Auto	psy , I	nspection 7	, Inqui	y 17.	and in m
opinion death	resulted from: 1	Noturol (	couses D. Accid	ent [],	Suicide,	Homicide	Unde	termined i	manner	
ACTUAL SIGNATURE			Mesen	know	CHIEF MEDICAL	L EXAMINER	]		DA	ATE SIGNED
EXAMINER'S NAME (Type)	P. J. Bear	M. E	).		DEPUTY MEDIC					
220. BURIAL, CREMATI REMOVAL (Specif	ON, 22b. DATE THEREO	OF .	22c. NAME OF CEMETE		ATORY	30	TION (City, lowr	n, or county)		(Stote)
Burlal		60	St. Josep	n's	10		ganza,		Maryla	and
23. FUNERAL DIRECTO						JAN 7		GISTRAR'S SIC		
M.CTarke I	lattingley I	eonar	dtown, Mary	land	DATE	ALMI I				

TO DEPUTY W. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it is execute the carcies, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral precion. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any great within 72 hours after death. VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BAIRMORE, (2) A MEDICAL EXAMINER SICERTIFICATE OF DEATH

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	Lod	A colla		Hayden	41111
hastynal amor	ing Leousepit	R. Land Matthews	<b>0</b> 100		0)
					April 4
					Auto
	(Calment), is	Children (1990)		F. d. Bean M.	
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ing from 2.1	. Andrews of the	g t			falted

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITAL

VS A15 (4) 15M 9/5B

ter death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01145

	47.5		11	40 CERTIF	ICAII	OF DEA	IH		Reg. Dist. I	No.	1-0
1.	PLACE OF DEATH o. COUNTY	St. Mary's		MARYLA		STATE	(Where decease yland	ed lived. If institution b. COUNTY	on: Residence b	200	ssion)
1	b. CITY OR TOWN RURAL ond give i		ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN	(If outside corr	orote limits, write RI	URAL ond give	nearest to	vn)
		St. Mary		oddress)	1	d. STREET ADDRES				ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fi Mazie		Middle Morgan	Mat	lost tingly	4. DATE OF DEATI	Moni		Day	Year 19 60
	SEX		7. MARR	IED NEVER MARRIED		TE OF BIRTH	405	9. AGE (In years last birthdoy)	Months Day	+	_
_	remale	White					905	54 yrs.	10 6171771	05.18117	COLD ITPIC
100	during most of wo	rking life, even if refired	)	kind of Business or	INDUSTRY		its, Mai	Control of the contro	U.S.		COUNTRY?
13.	FATHER'S NAME				14	MOTHER'S MAID					
		Joseph Me	organ					ie Morgan			
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		MANT		Addr			
	no			none	Josej	oh B.Matt	ingly	Abell, M	aryland		
CERTIFICATION	Conditions, if gove rise to couse (o), stoting lying cause lost	immediate DUE TO the under- DUE TO THER SIGNIFICANT CON	DITIO(S)	CONTRIBUTING TO DEATH					Most 1	PERF	AUTOPSY ORMED?
	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OCC							
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	While	Not while at work	PLACE ( foctory,	OF INJURY (Home, street, office bldg.	form, 20f. (Ci	ty or town)	(Coun	ty)	(State)
	21. I certify alive on	David Mos	19.5	no., and that d	eath acc	m	ADDRESS	the causes and Street, cityor town, let Maryl	stote)	ate state	
	BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 22b. DATE THEREC		22c. NAME OF CEMETE Sacred Hes				ATION (City, town, o	or county)	(Storyland	ote)

24o. REC'D BY REGISTRAR

DATESAN 21 '60

24b. REGISTRAR'S SIGNATURE

arthur S. Krope

ADDRESS

W. Clarke Mattingley Leonardtown, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

0

TIAN CERTIFICATE OF DEATH 1 Contract Con A STATE OF THE PARTY OF THE PAR THE TANK STABLES nervous class developed to the control of the contr Directors and the control of the con the same of the same of the same THE PARTY OF THE P - migrael of whiteher had being the set of the life

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

ollywood Methodise

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arihun S. Kraus

Hollywood.

24g. REC'D BY REGISTRAR

DATE JAN 6

(State)

FUNERAL DIRECTOR: 3 should be registror 10

Page

death.

certificate

deoth

VS A15 (4) 15M 9/55

NAME (Type)

REMOVAL (Specify) Buria

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 226. DATE THEREOF

/60

P.B. Robinson - Leonardtown, Md.

HOSPITAL

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VS A15 (4) 15M 9/5B 

ARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH-	-BALTIMORE,	18

147	CERTIFICATE	OF	DEATH

M

a Dist No. ()1147

			17				
1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USU AL RESIDE	NCE (Where decease	b. COUNTY		
	St. Mary's	MAKTLAND		ryland	S	t. Mary	
b. CITY OR TOWN RURAL and give I	(If autside carporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16	V .	WN (If autside corp	orate limits, write R	URAL and give n	earest tawn)
Leonard		Life	Leonar				1
OR INSTITUTION	ITAL (If nat in haspital, give stree I	t address)	d. STREET ADD	DRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	Lost	4. DATE	Mon	th [	Day Year L
(Type or print)	Elizabeth	Ann	Porter	OF DEATH	January	8,	19:59
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)		R IF UNDER 24 HR
Female	White WIDOW	VED DIVORCED	Aug. 3.	1876	83 yrs.	Manths Days	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10b	-				12.CITIZEN	OF WHAT COUNTRY
during mast af wa	rking life, even if retired)						
Store cler	House wife		Mary			U.S.	A.
IS. FAIRER S NAME			14. MOTHER'S M	AIDEN NAME			
Thomas	Washington Benr	nett	Mar	y Emily W.	heeler		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT		Add		
no		213-22-2186 Mi	ss Jennie	Bennett	Leonardt	own, Mar	ryland
18. CAUSE OF DE	ATH [Enter only one cause per l	ine for (a), (b), and (c).]				IN CO	TERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	everaltred Care	butus attosis	3			bout 3 mi
1511 X	DUE TO						
Conditions, if	/	Bhab - a del à	0.4				1 4
gave rise to	immediate (D)	averusur of	cum			0	ver 1 years
cause (a), stating	the under- DUE TO					1.8	
lying cause lost	· (c)						
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO T	HETERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPS
3							YES NO
PART II. OT  PART III. OT  PART III. OT  OR CONTRIBUTION  (IF EITHER, NOTIF)	AS UNDERLYING 20b. DE G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of i	njury in Part I ar Pa	rt II of item 1B.)	W TO A	
		INJURY OCCURRED 20e. P	LACE OF INJURY (Ho	me form 206 (C)	y ar town)	16	154-4
20c. TIME OF INJU Haur a.m.	10 While		actory, street, office b		y ar rawnj	(Count)	r) (State
		15 Dan Ric	1 10 51	. 4	9 10/-		
	hat I attended the decea			to Farmery			
alive an	ecember 31, 19	59 , and that deat	h accurred at_2				
	7 4 9 7	- 0	0/	2	street, city or town,	state)	DATE SIGNE
SIGNATURE	Robert T. f.	ushs	M.D	ovasator	in mal		1/8/60
PHYSICIAN'S NAME (Type)	Robert Fu	cks M. D.	Leo	nard town,	Maryland	1	
22a. BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY			TION (City, town,		(State)
REMOVAL (Specify	1/11/60	St. Paul's		Lean	ardtown.	Mo	rvland
23. FUNERAL DIRECTOR		ADDRESS	10	4a. REC'D BY REGIS		STRAR'S SIGNAT	AL.
				ATEJAN 1 1 'E		Chun S. Kra	
W.Clarke M	attingley Leona:	rdtowh, Maryla	nd D	ATEMPATE I		21, 7000	

Miss Jennie Bennett Leonardtown, Maryland Colored Francis Colored Colore Anni Presidente de la como de la constante de la como de

1.	F	0	R	S
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please	licate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral crector. Page 17-7	files.	lealth,	
CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it	rector.	r your	rd of h	
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delay	funer	retaine	State	deoth
If any	to the	oy be	ith the	s ofter
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VS. A15ME \$M 2/57

TATE DEPT.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1150 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01148

Reg. Dist. No.

-		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	1 0	COUNTY St, MOTIS MARYLAND	O. STATE Maryland b. COUNTY St Mary's
	Ь.	CITY OR TOWN (If outside corporale limits, wite RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)
	(	har Intto Hall 2045's	X Charlatte Hall
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
			ON A FARM?
	3. N	NAME OF First Middle	Losi 4. DATE Month Day Year
		DECEASED  (Type of print)	D OF T 1 2/
	5. 5	G47011 411101E	DATE OF BIRTH  9. AGE   In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	1	Mala Dala I was a succession	Soit 7 7 19 7 lost birthdoy) Months Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST	
)	d	lyring most of working life, even il retired)	Market in the AA 1. I
/		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		M/L TI Raal	AA / D
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H	VFORMANT Address
		, na, ar unknown) (If yes, give war ar dates of service)	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).	lin Lillian Reed Charlotte HollMd.
		PART I, DEATH WAS CAUSED BY:	DINSET AND DEATH
		IMMEDIATE CAUSE (o)	yponer & cali Chrs
/		432,0 DUE TO	
		Conditions, if ony, which gave rise to immediate cause (b)	
		(o), stating the underlying DUE TO	
	7		IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED TO BEATT BUT IN	PERFORMED?
	5	COL EXTERNAL ALICE WAS 200 DESCRIPE HOW INVENTOR OF THE PARTY OF THE P	yes NO
		206. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (E CAUSE OF DEATH.	der beaut parch i 12 clases wealtr
	MEDICAL		CE OF INJURY (Home, form, 201. (City or town) (County) (State)
9	MEC	Hour e. m. 1 25 150 While Not white of work of	Home Charlotte Hall St May My
		21. certify that I taok charge of the remains described aba	ve, held an Autopsy . Inspection Inquiry and in my
		apinion death resulted fram: Natural causes . Accident	Suicide , Hamicide , Undetermined manner
	9	0.900	
		ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
		CVAMINION	ASSISTANT MEDICAL EXAMINER [] //25/60
		EXAMINER'S NAME (Type) William D. Boyd M.D.	DEPUTY MEDICAL EXAMINER
	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
		Burial 1/27/60 St. Joseph!	s Morganza, Md.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	W.	·Clarke Mattingley Leonardtown Marylan	DATE 1 160 Chilling & Kraus

EL BOMILECERIARIES BANKARO TENENTALES LISO MEDICAL EXAMINER'S CERTIFICATE OF DEATH The second will be a second and the second s and the second second many. I have been selected that the best control of the second many than the As an armining of the second s Ŋ

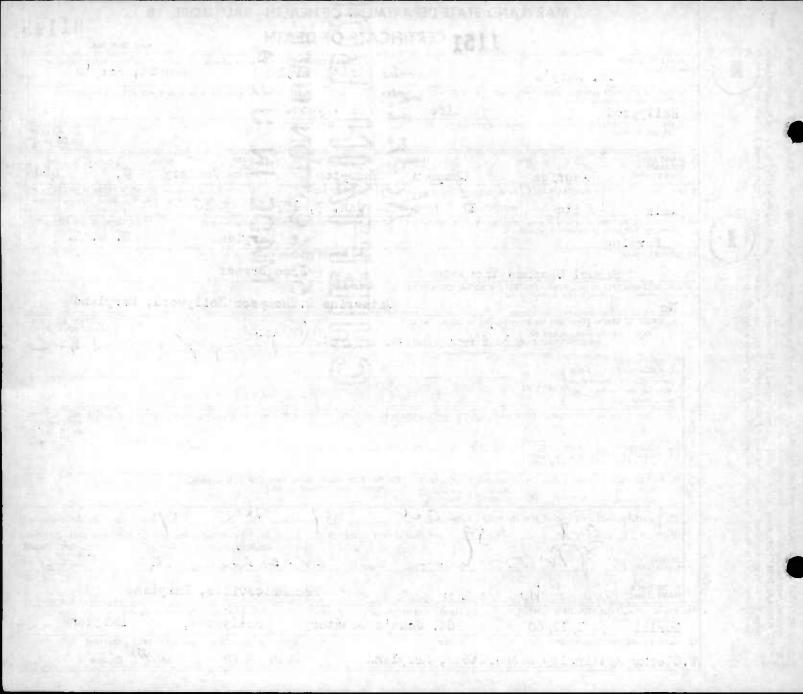
VS A1S (4) 1SM 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1157 CERTIFICATE OF DEATH

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		1.	131					Reg. Dist. N	0.
1. PLACE OF DEATH o. COUNTY	St. Mary's		MARYLAND	2. USUAL I	Maryl	where deceosed and	lived. If instituti b. COUNTY	on: Residence be St, Mar	fore admission)
b. CITY OR TOWN RURAL ond give r Hollywoo		its, write	c. LENGTH OF STAY IN 16	1 /	or town (If	outside corpore	te limits, write R	URAL ond give n	earest town)
	ITAL (If not in hospital,	give street	oddress)	/ d. STRE	ET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO [
3. NAME OF DECEASED (Type or print)	Maurice	rst	Middle Chapman	Thompso	last n	4. DATE OF DEATH	Mon January	th 9,	Day Year
s. sex Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF E			AGE (In years last birthdoy) yrs.	Months Days	Hours Min
Od. USUAL OCCUPATI during most of wo Farmin	rking life, even if retired	done 10b.	KIND OF BUSINESS OR IND	OUSTRY 11. BIRT	HPLACE (Stot	e or foreign cou Marylan		U. S	F WHAT COUNTR
3. FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME		167	
S	amuel Chapm	an Th	ompson	100	Jane	Brewer			
	ER IN U. S. ARMED FOR (If yes, give war or dates of	CES? 16.	SOCIAL SECURITY NO.	INFORMANT	S.The	mpson H	Add	d, Maryl	and
SATION TO SERVICE STATE OF THE	immediate DUE TO  the <u>under-</u> THER SIGNIFICANT CON	D) D) D) DITIONS C	CONTRIBUTING TO DEATH BU	THE M				/EN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO [
	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Ye			PLACE OF INJU	RY (Home, fai	rm, 20f. (City		(County	y) (Sto
20c. TIME OF INJU Hour o. m. p. m.		While of wor	Not while	foctory, street, o	office bldg., e				
ACTUAL SIGNATURE	hat I attended the	deceas , 19_(	ed from O V	, 185 th occurredM.D	T, to ot.	ADDRESS (Str		od on the da	te stated above DATE SIGN
220. BURIAL, CREMATION REMOVAL (Specify Burial		055 DF	22c. NAME OF CEMETERY St. John	or cremator	Y		ON (City, town,	or county)	(State) yland
23. FUNERAL DIRECTO	-//		ADDRESS			C'D BY REGISTR		STRAR'S SIGNAT	URE
W.Clarke M	attinglev L	eonar	dtown. Marvla	nd	DATELA	N 1 5 '60	an	hur S. Krae	4



VS A15 (4) 15M 9/5B

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arihun S. Thomas DATEJAN 21 '60

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	and the same state		direct.	
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	Marina B. Jane			
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		describer.		